TRICARE

Your Military Health Plan

Family Readiness Groups Medical Benefits

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TRICARE

Briefing Topics

- TRICARE Regions
- DEERS
- Traveling: Emergent & Routine care
- Point of Service (POS) option
- Enrollment Portability
- Newborn Enrollment
- Behavioral Health Care Services

TRICARE Regions

North Region
HealthNet Federal Services, Inc. 1-877-TRICARE www.healthnetfederalservices.com
South Region
Humana Military 1-800-444-5445 www.humana-military.com
West Region
UnitedHealthcare 1-877-988-WEST www.uhcmilitarywest.com

TRICARE Overseas
1-888-777-8343
www.tricare.mil/overseas

Get your detailed information at
www.tricare.mil &
www.mytricare.com

DEERS

- Defense Enrollment Eligibility Reporting System
- Active and retired service members (sponsors) are automatically registered in DEERS
- Sponsors must register family members in the DEERS database
- Uniformed Services Identification Cards

CHANGE IN STATUS

- Reenlistment, separation from active duty, or retirement
- Change of address (yours and/or your family members
- Marriage or divorce
- Birth or adoption of a child
- Full-time student age 21 and older
- Death of spouse or child
- *REMEMBER THAT ENROLLING OR UPDATING YOUR DEERS INFORMATION DOES NOT AUTOMATICALLY ENROLL YOUR FAMILY IN TRICARE PRIME.*

While Traveling – Active Duty R&R, Block, PCS, or Terminal Leave

- **Preauthorization Approval for Medical Care**
  - **1-888-833-2607 ext. 8685** (CRDAMC Referral Management)
  - **Emergency care:**
    - ID card validates your eligibility for emergency care
    - If admitted to civilian facility or you require **emergent care** (life, limb or loss of eyesight), call CRDAMC phone number above
  - **Urgent Care:** Call CRDAMC phone number above for preauthorization

- **Routine Care**: Not covered
  - ***Make sure all current medical conditions are addressed before you leave Fort Hood !!!***
  - The government **WILL NOT PAY** for any routine care you receive while traveling on leave unless authorized by CRDAMC.

- You are **still enrolled to Fort Hood** until you:
  - (PCS) change your enrollment at your new duty station
  - (ETS) midnight of your last day of terminal leave
  - (Block Leave) no change

While Traveling – Family Members still enrolled in Prime

- **Preauthorization Approval for Medical Care**
  - **Phone numbers**
    - CRDAMC enrollees (800-305-6421, Option 2)
    - Network PCM: pre-auth (800-444-4554 Humana Military)
  - **Emergency Care** – go to closest Emergency Room
    - Conditions involving Life, Limb, or Loss of Eyesight
  - **Urgent Care:** Call CRDAMC phone number above for preauthorization

- **Routine Care**: Not covered
  - ***Make sure all current medical conditions are addressed before you leave Fort Hood !!!***
  - You will incur additional charges for any routine care you receive while traveling on leave unless authorized by CRDAMC.
    - Point of Service (POS) charges will apply

POS Cost-shares and Deductibles

- Annual outpatient deductibles are $300 for an individual and $600 for a family
- 50% cost-shares for outpatient and inpatient claims
- Excess charges up to 15% above the TRICARE allowable charge
- The 50% cost-share continues to be applied even after the catastrophic cap has been met

While Traveling – Family Members TRICARE Portability

- Will you be leaving the Fort Hood area?
  - Less than 30 days?
    - Follow the rules just described
  - More than 30 days?
    - Consider changing your Prime enrollment to your new location
      - Eliminates need to contact PCM each time you/your children need care
      - No Point of Service (POS) hassles
      - Routine care will be authorized (no POS)
      - Visit the Fort Hood TSC for a detailed explanation of what may be available in your new location.

Newborn Enrollment

- Newborns are covered under TRICARE Prime for the first 60 days after birth—*as long as one additional family member is enrolled in TRICARE Prime*
- After 60 days, if not enrolled in TRICARE Prime, newborn claims will process under TRICARE Standard
- Eligibility for TRICARE Standard ends 365 days after birth for any newborn who is not properly registered in DEERS (cannot be retroactively reinstated)
- If sponsor is deployed or stationed away from Fort Hood
  - Spouse can register newborn with a Special Power of Attorney

TRICARE Young Adult (TYA)

Topic	Description
Eligibility	• Unmarried dependent of an eligible uniformed service sponsor* • At least age 21 (*or age 23 if enrolled in a full-time course of study at an approved institution of higher learning and if the sponsor provides at least 50 percent of the financial support*), but have not yet reached age 26 • Not eligible to enroll in an employer-sponsored health plan • Not otherwise eligible for TRICARE program coverage
Enrollment	• The *TRICARE Young Adult Application* is available at www.tricare.mil/tya • When applying, you must verify that you are not married and not eligible to enroll in an employer-sponsored health plan. • Your completed application must include the first three months of premium payments.
Costs	• TYA is a premium-based health care plan with monthly premiums, an annual deductible, and cost-shares.
Getting Care	• TYA coverage includes medical and pharmacy, but excludes dental. • Beneficiaries can see any TRICARE-authorized provider for care. • No referrals are necessary, but prior authorizations from your regional contractor are required for certain services.

Behavioral Health Care Services

- Psychiatrists (M.D., D.O.)
- Clinical Psychologists (Ph.D.)
- Certified psychiatric nurse specialists (PNS)
- Master's-level clinical social workers (LCSW)
- Certified marriage and family therapists (MFT)
- Licensed Professional Counselors (LPCs), Pastoral Counselors & Mental Health Counselors*
  - **with physician referral and supervision*

Behavioral Health Care Services

- Warriors on Block/PCS/Terminal Leave
  - Requires PCM referral
  - Must seek care at a military treatment facility (MTF)
    - Contact CRDAMC (800-305-6421, Option 2) if you are not near an MTF
    - May receive preauthorization for civilian care
  - May be referred to a civilian network provider if MTF availability is limited

Behavioral Health Care Services

- Family member Prime benefits
  - Authorized up to eight (8) outpatient visits each fiscal year (1 Oct – 30 Sep)
    - No primary care manager (PCM) referral is needed
    - No prior authorization required
  - Must seek care from a TRICARE network provider
  - Prior authorization is required after the eighth (8th) visit

TRICARE Pharmacy Coverage

Type of Pharmacy	Generic	Brand Name	Non-Formulary
MTF (up to a 90-day supply)	$0	$0	$0*
TMOP (up to a **90-day** supply)	$0	$13	$44
Network Retail (up to a **30-day** supply)	$5	$17	$44
Non-network Retail Pharmacy (up to a 30-day supply)	†**Non-TRICARE Prime: $12 or 20%** †**TRICARE Prime: 50% cost-share**	†**Non-TRICARE Prime: $12 or 20%** †**TRICARE Prime: 50% cost-share**	†**Non-TRICARE Prime: $25 or 20%** †**TRICARE Prime: 50% cost-share**

*Not available in the MTF unless medical necessity is established.
†Deductibles apply (E1-E4 ($50 indiv/$100 family); E5-up (inc Retirees) ($150/300).

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QUESTIONS ??

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